



**U.S. Representative Mike Rogers**  
**3<sup>rd</sup> District Alabama**  
**Privacy Release Form for Civil Service Casework**

*Please print or type:*

Full Name of Annuitant: (last) \_\_\_\_\_ (first) \_\_\_\_\_ (MI) \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Social Security #: \_\_\_\_\_ CSA or CSF #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Separation Date: \_\_\_\_\_ Date of Death (if applicable): \_\_\_\_\_

Place "x" in box indicating what retirement system you are under.

☐ Civil Service      ☐ Civil Service Offset      ☐ FERS, Federal Employees Retirement

Place "x" in box indicating type of problem.

☐ Disability Claim      ☐ Retirement Claim      ☐ Payment Problem      ☐ Report of Death

Reason for Requesting Assistance: (Use reverse side if necessary. Attach copies of any letters, documents, etc., that you feel will be helpful in resolving your problem.):

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**Pursuant to the Privacy Act of 1974, I authorize the Office of Personnel Management to release personal information to Congressman Mike Rogers and/or his staff in order for him to assist me with the above matter.**

Signature: \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Please return to:** Congressman Mike Rogers  
104 Federal Building  
1129 Noble Street  
Anniston, Alabama 36201